2021 MEDICAL PLAN OPTIONS

FEATURES:	Cigna	UnitedHealthcare	
	OPEN ACCESS PLUS Option	BASE Option PPO	PREMIER Option PPO
	In-Network ONLY	In-Network	In-Network
CALENDAR YEAR DEDUCTIBLE (CYD):			
Individual:	$6,000	$1,500 In / $3,000 Out-of-Network	$750 In / $1,250 Out-of-Network
Family:	$12,000	$4,500 In / $9,000 Out-of-Network	$1,500 In / $3,750 Out-of-Network
COINSURANCE (COINS)	30%	20% In-Network / 40% Out-of-Network	10% In-Network / 30% Out-of-Network
PRIMARY PHYSICIAN VISIT (PCP)	$10 copay	$25 copay (Retiree under 65) 20% after CYD (Retiree over 65)	$25 copay (Retiree under 65) 10% after CYD (Retiree over 65)
SPECIALIST VISIT	$60 copay	$50 copay (Retiree under 65) 20% after CYD (Retiree over 65)	$50 copay (Retiree under 65) 10% after CYD (Retiree over 65)
PCP REFERRAL REQUIRED	No	No	No
VIRTUAL VISITS (E-VISITS)	$10 copay	$5 copay	$5 copay
LABWORK	Covered 100%, No Deductible	Covered 100%, No Deductible	Covered 100%, No Deductible
INPATIENT HOSPITAL SERVICES	30% after CYD	20% after CYD	10% after CYD
OUTPATIENT SURGERY			
Hospital:	30% after CYD	20% after CYD	10% after CYD
Freestanding Facility:	$250 copay	20% after CYD	10% after CYD
MAJOR DIAGNOSTIC / COMPLEX IMAGING			
Hospital:	30% after CYD	20% after CYD	10% after CYD
Freestanding Facility:	$75 copay	$100 copay	$100 copay
EMERGENCY ROOM	$350 copay	$250 copay (Retiree under 65) 20% after CYD (Retiree over 65)	$250 copay (Retiree under 65) 10% after CYD (Retiree over 65)
URGENT CARE	$50 copay	$50 copay (Retiree under 65) 20% after CYD (Retiree over 65)	$50 copay (Retiree under 65) 10% after CYD (Retiree over 65)
FEATURES:	**Cigna**	**Optum Rx**	
	In-Network ONLY	In-Network	In-Network
RX DRUG DEDUCTIBLE	None	$25	$25
PRESCRIPTION DRUG (RX): 30 DAYS			
Preferred Tier 1:	$0 / $10 copay	$10 copay	$10 copay
Preferred Tier 2:	$50 copay	$30 copay	$30 copay
Preferred Tier 3:	$75 copay	$50 copay	$50 copay
Preferred Tier 4:	20%	20%	20%
OUT-OF-POCKET MAX:	*Includes CYD, Coins & Copays*	*Includes CYD, Coins & Copays*	*Includes CYD, Coins & Copays*
Individual:	$7,900	$5,000 In / $10,000 Out-of-Network	$4,000 In / $8,000 Out-of-Network
Family:	$15,800	$15,000 In / $30,000 Out-of-Network	$12,000 In / $24,000 Out-of-Network
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited

2021 MEDICARE ADVANTAGE OPTION

FEATURES:	Medicare Advantage PPO Plan UnitedHealthcare In-Network / Out-of-Network
CALENDAR YEAR DEDUCTIBLE (CYD):	
Individual:	$0
MAXIMUM OUT-OF-POCKET: Individual:	*Applies to all covered Medicare A and B benefits including deductible* $3,000
PRIMARY PHYSICIAN VISIT (PCP)	$15 copay
SPECIALIST VISIT	$15 copay
PCP SELECTION	Optional
REFERRAL REQUIREMENT	None
INPATIENT HOSPITAL SERVICES	$0 per stay
OUTPATIENT SURGERY	$0
MAJOR DIAGNOSTIC / TESTING / COMPLEX IMAGING	$15 copay
EMERGENCY CARE, WORLDWIDE	$50 copay
URGENTLY NEEDED CARE, WORLDWIDE	$15 copay
ROUTINE PHYSICAL / EYE / HEARING EXAMS	Covered 100%
HOME HEALTH AGENCY CARE	Covered 100%
PRESCRIPTION DRUG (RX): 30 DAYS Retail / Preferred Mail Order Tier 1: Retail / Preferred Mail Order Tier 2: Retail / Preferred Mail Order Tier 3:	 $5 copay / $10 copay $20 copay / $40 copay $40 copay / $80 copay
RX DRUG DEDUCTIBLE	None
LIFETIME MAXIMUM	Unlimited

2021 GAP PLAN OPTIONS

FEATURES:	American Public Life Basic GAP Plan	Advanced GAP Plan
In-Hospital Benefits:	**Plan 1**	**Plan 2**
Max In-Hospital Benefits	$7,900 per person per CY* *Max $15,800 per family per CY**	$7,900 per person per CY* *Max $15,800 per family per CY**
In-Hospital Ambulance Benefits	Up to $7,900 per ground transport Up to $7,900 per air transport *Limited to one trip per CY confined as an inpatient**	Up to $7,900 per ground transport Up to $7,900 per air transport *Limited to one trip per CY confined as an inpatient**
Outpatient Benefits:		
Max Outpatient Benefits	$250 per covered person per CY*	$7,900 per covered person per CY*
Outpatient Ambulance Benefit	Up to $250 per ground trip Up to $250 per air transport *Limited to one trip per CY* residing less than 18 hrs**	Up to $7,900 per ground trip Up to $7,900 per air transport *Limited to one trip per CY* residing less than 18 hrs**
Optional Benefit Riders:		
Physician or Specialty Outpatient Treatment	Physician - $25 per visit Specialist - $50 per visit *For treatment in hospital outpatient facility or physician's office* *4 visits per person per year; up to 8 visits per year combined*	Physician - $25 per visit Specialist - $50 per visit *For treatment in hospital outpatient facility or physician's office* *4 visits per person per year; up to 8 visits per year combined*
	**Calendar Year*	**Calendar Year*

2021 DENTAL PLANS

FEATURES:	Aetna DHMO Base Plan 751	Aetna DHMO Premier Plan 56	Cigna Dental PPO Base Plan		Cigna Dental PPO Premier Plan	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Network	Aetna Dental Maintenance	Aetna Dental Maintenance	Total Cigna Dental PPO		Total Cigna Dental PPO	
CALENDAR YEAR DEDUCTIBLE (CYD):						
Individual:	N/A	N/A	$50		$50	
Family:	N/A	N/A	$150		$150	
Applied to Preventive	N/A	N/A	No		No	
Annual Maximum	Unlimited	Unlimited	$1,200		$5,000	
Out-of-Network Reimbursement	N/A	N/A	90th Percentile of Allowed Charges		90th Percentile of Allowed Charges	
Reimbursement Schedule:						
Preventive	Copay Schedule	Copay Schedule	100%		100%	
Basic Services	Copay Schedule	Copay Schedule	80%		80%	
Major Services	Copay Schedule	Copay Schedule	50%		50%	
Oral Evaluations	D0120 - $0	D0120 - $0	Preventive		Preventive	
Intraoral Series, X-rays	D0210 - $0	D0210 - $0	Preventive		Preventive	
Prophylaxis (Cleanings)	D1110 - $0	D1110 - $0	Preventive		Preventive	
Fluoride Treatment	D1208 - $0	D1208 - $0	Preventive		Preventive	
Sealants	D1351 - $0	D1351 - $0	Preventive		Preventive	
Restorations (*Amalgam / Composite*)	D2140 - $0 / D2330 - $0	D2140 - $0 / D2330 - $0	Basic		Basic	
Simple Extractions	D7140 - $0	D7140 - $0	Basic		Basic	
Periodontics Scaling/Planning	D4910 - $33	D4910 - $15	Basic		Major	
Endodontics (Root Canal)	D3310 - $56	D3310 - $0	Basic		Major	
Complex Extractions	D7241 - $85	D7241 - $60	Basic		Major	
Crowns	D2740 - $259	D2740 - $150	Major		Major	
Dentures	D5110 - $318	D5110 - $185	Major		Major	
Bridges	D5211 - $318	D5211 - $185	Major		Major	
Orthodontia:						
Child Ortho to Age 19	(Adult & Child) $2,800 Max	(Adult & Child) $2,300 Max	(Children) 50% to $1,000 Max		(Children) 50% to $2,000 Max	

2021 VISION PLAN - AETNA

FEATURES:	In-Network
Provider Network	Aetna Vision Preferred
FREQUENCY SCHEDULE:	**12/12/24/12**
Comprehensive Exam	Once every 12 months
Eyeglass Lenses	Once every 12 months
Eyeglass Frames	Once every 24 months
Contact Lenses (in lieu of glasses)	Once every 12 months
PLAN FEATURES:	
Exam	$10 copay
Materials	Covered 100% after copay
Standard Contact Lens Fit	Member pays discounted fee of $40
Premium Contact Lens Fit	Member pays 90% of retail
EYEGLASS LENSES OPTIONS:	
Single Vision Lenses	$10 copay
Bifocal Lenses	$10 copay
Trifocal Lenses	$10 copay
Lenticular Lenses	$10 copay
Standard Progressive Lenses	$75 copay
Premium Progressive Lenses	20% discount off retail minus $120 allowance plus $75
CONTACT LENSES OPTIONS:	
Elective	$160 allowance
All Other Elective Contact Lenses	Additional 15% off balance over allowance
Necessary Contact Lenses	Covered 100%
FRAMES BENEFIT:	
Any Frame Allowance, Including Frames for Prescription Sunglasses	$160 allowance, Additional 20% off balance
ADDITIONAL SERVICES:	
Laser Vision Discount at U.S. Laser Network (1-800-422-6600)	15% discount of retail or 5% discount off the promotional price